

OSCAR REPORT 3
HISTORY FACILITY PROFILE

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ROCKY MOUNTAIN CARE - HEBER
160 WEST 500 NORTH
HEBER CITY UT 84032
STATE'S REGION CODE: 001

PROVIDER #: 465147
PHONE NUMBER: (435) 654-5500
PARTICIPATION DATE: 01/08/1998 CERTIFIED: 46

FACILITY BEDS
TOTAL: 46
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: NONPROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 02/26/2004

TOTAL: 31
MEDICARE: 1
MEDICAID: 23
OTHER: 7

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 46

18 18/19 19 ICF/MR
-- ----- --
46

CURRENT SURVEY REVISIT DATES - 04/01/2004

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT
05/2001		03/2002		01/2003		02/26/2004		

PROGRAM REQUIREMENTS

X	D								REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
X	E					X C	E	03/25/2004	REQ F0241-DIGNITY
				X	E				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
						X C	E	03/23/2004	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
						X C	E	03/25/2004	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
				X	D	X C	D	03/23/2004	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
						X C	D	03/23/2004	REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
						X C	E	03/23/2004	REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
X	E	X	E						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	E								REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	E								REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
X	E								REQ F0444-WASH HANDS WHEN INDICATED
				X	E				REQ F0494-NURSE AIDE TRAINING/COMPETENCY
		X	E	X	D				REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
X	D								REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

85 EXIST	85 EXIST	85 EXIST	2000 EXIS	PLAN/DATE
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	OF CORRECTION
04/2001	03/2002	01/2003	03/03/2004	
		X		
		X		
		X		
		X	X C	03/23/2004
		X		

LSC DEFICIENCIES - BLDG NO. 01

K0012-CONSTRUCTION TYPE
K0017-CORRIDOR WALLS
K0018-CORRIDOR DOORS
K0038-EXIT ACCESS
K0046-EMERGENCY LIGHTING

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

ROCKY MOUNTAIN CARE - HEBER

PROVIDER #: 465147

EDITION OF LSC APPLIED

85 EXIST	85 EXIST	85 EXIST	2000 EXIS	PLAN/DATE
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	OF CORRECTION
SURVEY	SURVEY	SURVEY	SURVEY	
04/2001	03/2002	01/2003	03/03/2004	
		X		
X	X			
		X	X N	
X				
X				
X	X	X		
		X		
		X		
		X		
		X	X N	
		X		

LSC DEFICIENCIES - BLDG NO. 01

K0047-EXIT SIGNS
K0050-FIRE DRILLS
K0056-AUTOMATIC SPRINKLER SYSTEM
K0059-WATER FLOW DEVICE
K0061-MAIN SPRINKLER CONTROL
K0062-SPRINKLER SYSTEM MAINTENANCE
K0072-FURNISHING AND DECORATIONS
K0073-FLAMMABLE FURNISHINGS
K0075-WASTEBASKETS
K0104-PENETRATIONS OF SMOKE BARRIERS
K0130-OTHER

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COP = CONDITION REQ = REQUIREMENT

ROCKY MOUNTAIN CARE - HEBER

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TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	6	4	2	7
HEALTH TOTAL	6	4	2	7
LIFE SAFETY CODE	3	13	2	4
LIFE SAFETY CODE + HEALTH	9	17	4	11

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
03/01/2000	SUBSTANTIATED
04/16/2001	UNSUBSTANTIATED
04/30/2002	UNSUBSTANTIATED
04/24/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY